

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUOROPOLYMER LOW REFLECTING LAYERS FOR PLASTIC LENSES AND DEVICES

the specification of which is attached hereto unless the following box is checked:

☒ was filed on 07 October 2003 as U.S. Application No. _____ or PCT International Application No. PCT/US03/32090
and was amended on _____ (if applicable).

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Name: **GAIL A DALICKAS**

Registration No.: **40,979**

Send correspondence and direct telephone calls to:

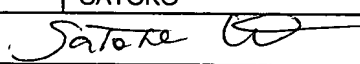
GAIL A DALICKAS

**E. I. du Pont de Nemours and Company
Legal - Patents
Wilmington, DE 19898, U.S.A.**

**Tel. No.
(302) 992-4773
Fax No.**

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INVENTOR(S)

Full Name of Inventor	Last Name IWATO	First Name SATOKO	Middle Name	
Signature (please sign full name): 			Date: <u>March 27, 2006</u>	
Residence & Citizenship	City TOKYO	State or Foreign Country JAPAN	Country of Citizenship JP	
Post Office Address	Post Office Address 4-27-8 JINGUUMAE, SHIBUYA-KU	City TOKYO	State or Country JAPAN	Zip Code 150-0001

☐ Additional Inventors are being named on separately numbered sheets attached hereto.

INVENTOR(S)				
Full Name of Inventor	Last Name KAKU	First Name MUREO	Middle Name	
	Signature (please sign full name):		Date:	
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Post Office Address	Post Office Address 2-40-7 TOYOSATODAI, UTSUNOMIYA	City TOCHIGI	State or Country JAPAN	Zip Code 320-0003
Full Name of Inventor	Last Name FEIRING	First Name ANDREW	Middle Name EDWARD	
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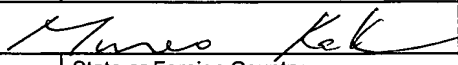
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Full Name of Inventor	Last Name FEIRING	First Name ANDREW	Middle Name EDWARD	
	Signature (please sign full name): <i>Andrew Edward Feiring</i>		Date: <i>March 22, 2006</i>	
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	Signature (please sign full name): <i>Ronald Earl Uschold</i>		Date: <i>3/22/06</i>	
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Post Office Address	Post Office Address	City	State or Country	Zip Code
Full Name of Inventor	Last Name	First Name	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Post Office Address	City	State or Country	Zip Code